

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90039 041 ***150.00

DOCUMENT # P94000005299
 1. Entity Name **FLYING SIDE-KICK, INCORPORATED**

Principal Place of Business: 13145 Lake Mary Jane Rd. Orlando, FL 32832
 Mailing Address: C/O Carolyn Thomas P.O. Box 150487 Altamonte Springs, FL 32715

2. Principal Place of Business: Nature's Table VC9
 Suite, Apt. #, etc.
 242 Towne Center Circle
 City & State: Sanford, FL 32771
 Zip: 32771 Country: USA

3. Mailing Address: Nature's Table VC9
 Suite, Apt. #, etc.
 242 Towne Center Circle
 City & State: Sanford, FL 32771
 Zip: 32771 Country: USA



DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~59-3301359~~ 3304017 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAZE, TERRY
13145 LAKE MARY JANE ROAD
ORLANDO FL 32832

7. Name and Address of New Registered Agent
 Name: **Maze, Terry**
 Street Address (P.O. Box Number is Not Acceptable): **548 Thames Circle**
 City: **Longwood, FL** Zip Code: **32750**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D MAZE, TERRY 13145 LK MARY JANE RD. ORLANDO FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Maze, Terry 548 Thames Circle Longwood, FL 32750
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry S. Maze 3/28/00 407-365-7372
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)